Army Benefits Center–Civilian

FERS Overview

Updated 03/26/2012

America's Army: The Strength of the Nation

INTRODUCTION

ABC-C MISSION: We are a top performing, caring team of Civilian Human Resource professionals providing quality benefits and entitlements services to our customers through a centralized automated center.

ABC-C SERVICES: Provide advisory services and processes transactions for:

- **Federal Employees Health Benefits (FEHB)**
- **Federal Employees' Group Life Insurance (FEGLI)**
- **Thrift Savings Plan (TSP)**
- **Retirement (FERS & CSRS)**
- **Survivorship (Death Claim Processing)**

ABC-C AUTOMATED SYSTEMS

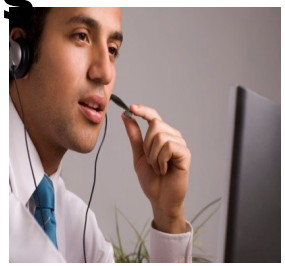
Employee Benefits Information System (EBIS) – Web Based

- Customer-friendly
- Available 24 hours a day (with/CAC access)
- Secure site
- Ability to read at convenience
- Ability to print screens of information
- Can process benefits transaction with counselor assistance
- Ability to print benefit forms
- Estimate calculators
- ABC-C website: https://www.abc.army.mil

ABC-C AUTOMATED SYSTEMS

Interactive Voice Response System (IVRS) - Telephone

- Can connect with a counselor if needed
- Available to those without computer access
- Requires use of SSN and PIN only
- Can process benefit transactions without counselor assistance



- Can receive faxed back copies of documents (FEHB enrollment form)
- Counselors are available 12 hours a day
- Automated systems available 24 hours a day
- Separated employees have access for 180 days
- ABC-C toll-free telephone number is 1-877-276-9287 (TDD for the hearing impaired is 1-877-276-9833)

COUNSELOR ASSISTED CALLS

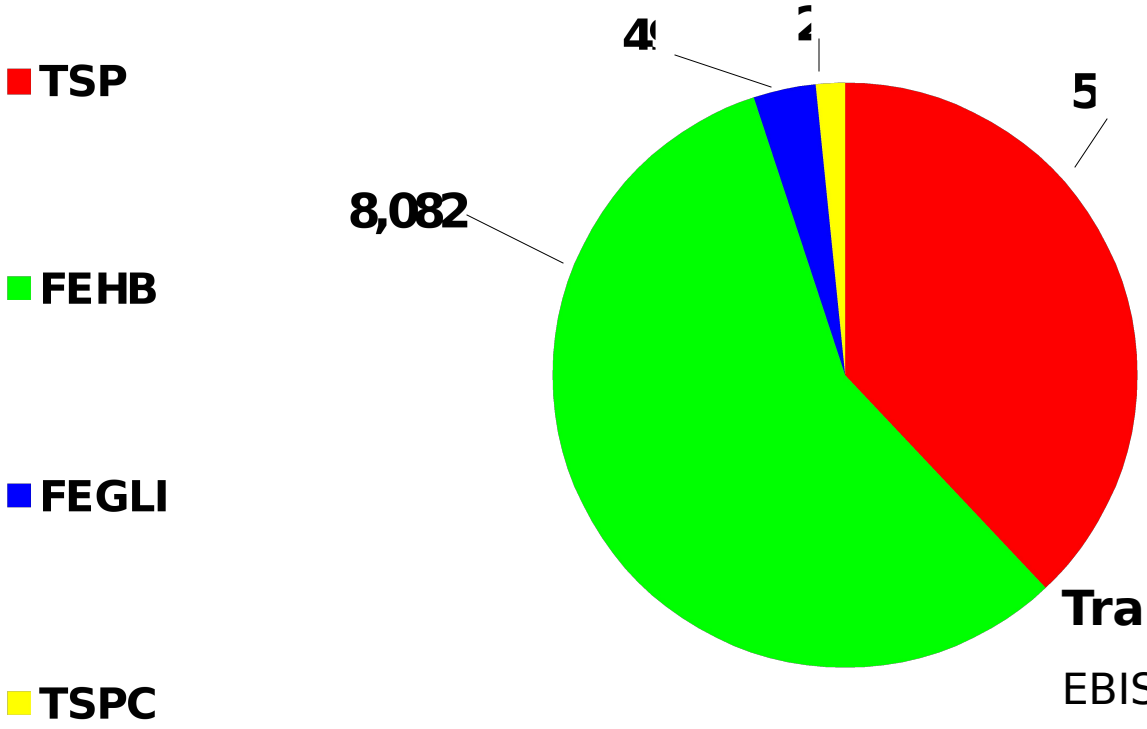
1 January – 31 December 2011

4602 Total Calls
Average Answer Time: 52 Seconds
Average Call Length: 10 Minutes 51 Seconds
Average Wrap-Up Time: 2 Minutes 53 Seconds

ABC-C Benefits Counselors
are available from 6:00 a.m. to 6:00 p.m. CT
Monday - Friday

Peak Call Times are between 8:00 a.m. and 2:00 p.m.

BENEFITS TRANSACTION SUMMARY 1JANUARY – 31DECEMBER 2011



Transaction Source:

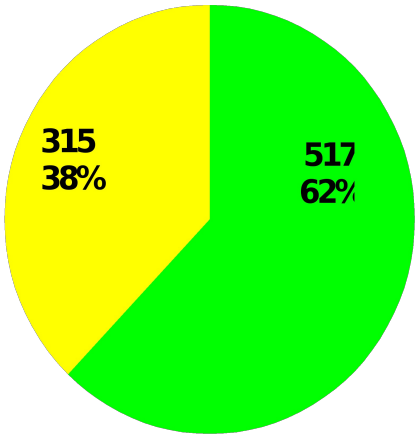
EBIS (Web) – 12,822

IVRS (Phone) – 134

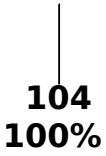
Counselor Assisted – 1,228

Total Transactions = 14,184

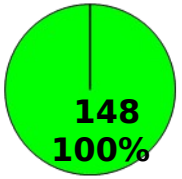
NON-DISABILITY RETIREMENTS TIMELINESS
1 JANUARY – 31 DECEMBER 2011



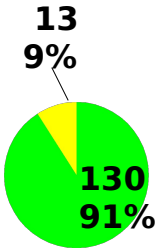
Total: 832



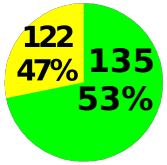
Ret. Rcvd More Than 60 Days: 104



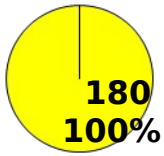
Ret. Rcvd 31-60 Days: 148



Ret. Rcvd 16-30 Days: 143



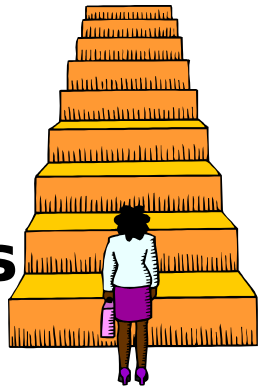
Ret. Rcvd 1-15 Days: 257



Ret. Rcvd on/after 180

Goal: Complete retirement NLT 5 working days prior to DOR.

CONTINUING CHALLENGES



- **Last minute VERA/VSIP approvals**
- **Short notice retirement applications**
- **Federal Erroneous Retirement Coverage Corrections Act (FERCCA)**
- **Aging workforce**

ON THE HORIZON

- **Growing serviced population**
- **eOPF – Electronic Official Personnel Folder**

ANY QUESTIONS?

RETIREMENT PLANNING

RETIREMENT PLANNING

Early Career – 25 + years to retirement

- **Enroll in TSP**
- **Enroll in benefits (FEHB, FEGLI, FEDVIP, FSA)**
- **Pay civilian deposit**
- **Pay military deposit**
- **New Employee Orientation Briefing**
  https://www.abc.army.mil/NewEmployee/NewEmployeeOrientation.htm

Mid Career – 10 - 24 years to retirement

- **Adjust benefits based on life situation**
- **Review level of TSP participation & allocation between the funds**

RETIREMENT PLANNING

Late Career:

- **Less than 10 years prior to retirement:**
  - **Use calculators in EBIS to get a rough estimate of annuity**
  - **Determine income needed in retirement using the Federal Ballpark E$timate calculator**
  - **Adjust TSP contributions & other savings based on results from calculators**

- **Five years to retirement:**
  - **Verify eligibility to continue FEHB & FEGLI into retirement**
  - **Request a retirement estimate**
  - **Maximize TSP contributions & other savings**

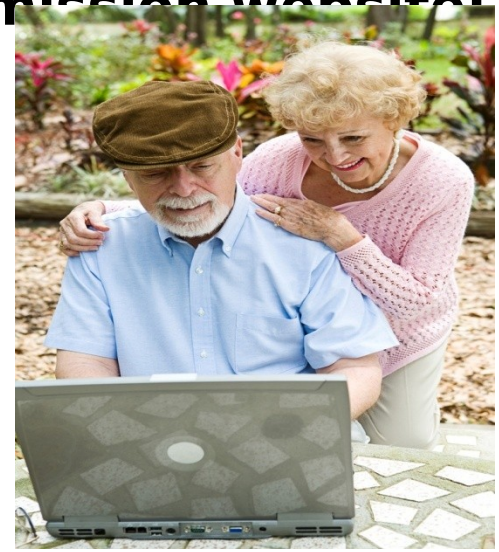
RETIREMENT PLANNING LINKS

Federal Ballpark E$timate:
https://www.opm.gov/retire/tools/calculators/ballpark/menu.asp

Retirement information & services provided by OPM:
http://www.opm.gov/retire

U.S. Financial Literacy Education Commission website:
http://www.mymoney.gov

Army Benefits Center–Civilian EBIS:
https://www.abc.army.mil



FERS

- **New employees first hired in covered position on/after 01-01-1987**
- **Contribute 0.8% of salary to FERS**
- **Contribute to Social Security**
- **Can contribute up to IRS limit to TSP, receive agency matching of 5% if you contribute at least 5% of your salary**
  - **Automatic 1% contribution regardless of your TSP contribution rate**
  - **First 3% of your contributions are matched dollar-for-dollar**
  - **Next 2% will be matched at 50 cents on the dollar**

CSRS INTERIM

- **Employees first hired on/after 01-01-1984 & certain rehires**
- **Reduced CSRS contribution rate of 1.3%**
- **Contribute to Social Security**
- **On 01-01-1987, employees with CSRS Interim coverage changed to:**
  - **CSRS Offset if you had at least 5 years of civilian service**
  - **FERS if you had less than 5 years of civilian service**

CSRS COMPONENT

- **If you have civilian service prior to your election of FERS, and**
- **The service was subject to CSRS retirement deductions, or Social Security deductions, but not both, and**
- **The total of these 2 types of service is 5 or more years, then**
- **This period of service is called a CSRS component, and that portion of your retirement annuity, or civilian deposit, etc. will be calculated using CSRS rules**

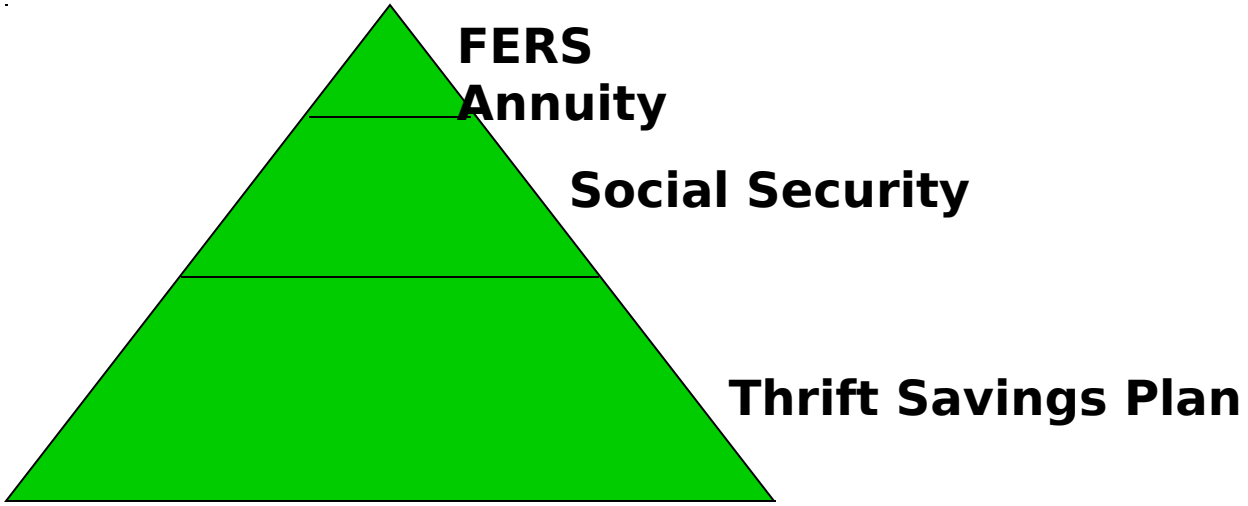
(If you have less than 5 years, the service is creditable under FERS rules)

FERS

FERS is a 3-tiered retirement system

FERS annuity is the smallest component

TSP WILL make up the largest portion of your total retirement



RETIREMENT SERVICE COMPUTATION DATE (RSCD)

- **Used to determine retirement eligibility and to calculate retirement annuity**
- **May not be the same as your Leave SCD (SCD that appears on your SF 50 & LES)**
- **Not all service that is creditable for leave is creditable for retirement**

RETIREMENT SERVICE COMPUTATION DATE (RSCD)

Examples of service that is creditable for leave but not for retirement:

- **Non-Appropriated Fund (NAF) service on a temporary appointment**
- **For retired military, campaign or combat service if retired military pay is not being waived**
- **Military service when the military deposit has not been paid**
- **Service on a temporary appointment performed on or after 01-01-1989**

CIVILIAN SERVICE DEPOSIT/REFUND

WHAT IS DEPOSIT SERVICE

Any period of potentially creditable service during which retirement deductions are not withheld:

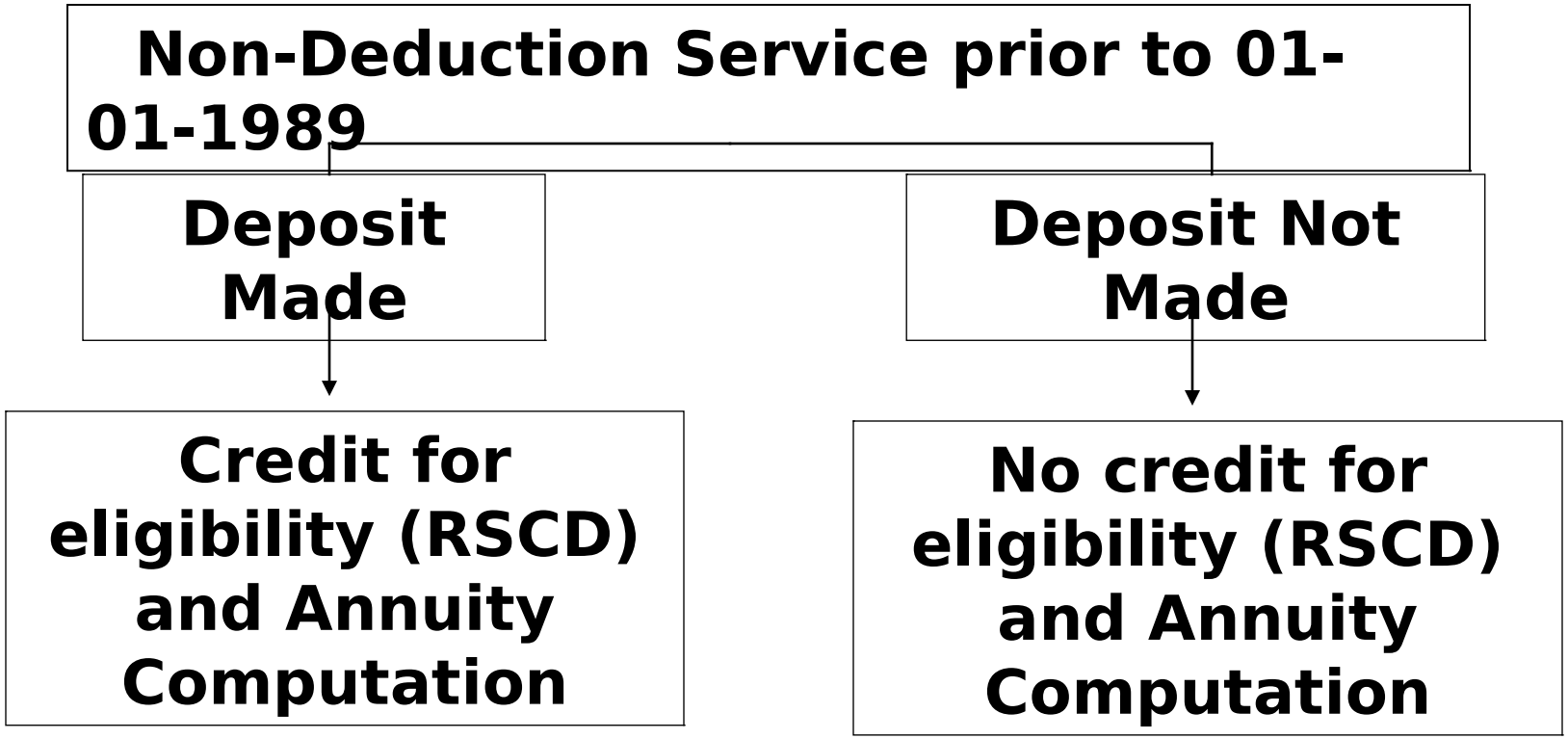
- **Generally, non-career time such as temporary or indefinite service**
- **Also known as non-deduction service**

Service that is now considered Federal employment, due to a change in the law that allows credit for retirement annuity computation purposes (Peace Corps, VISTA)

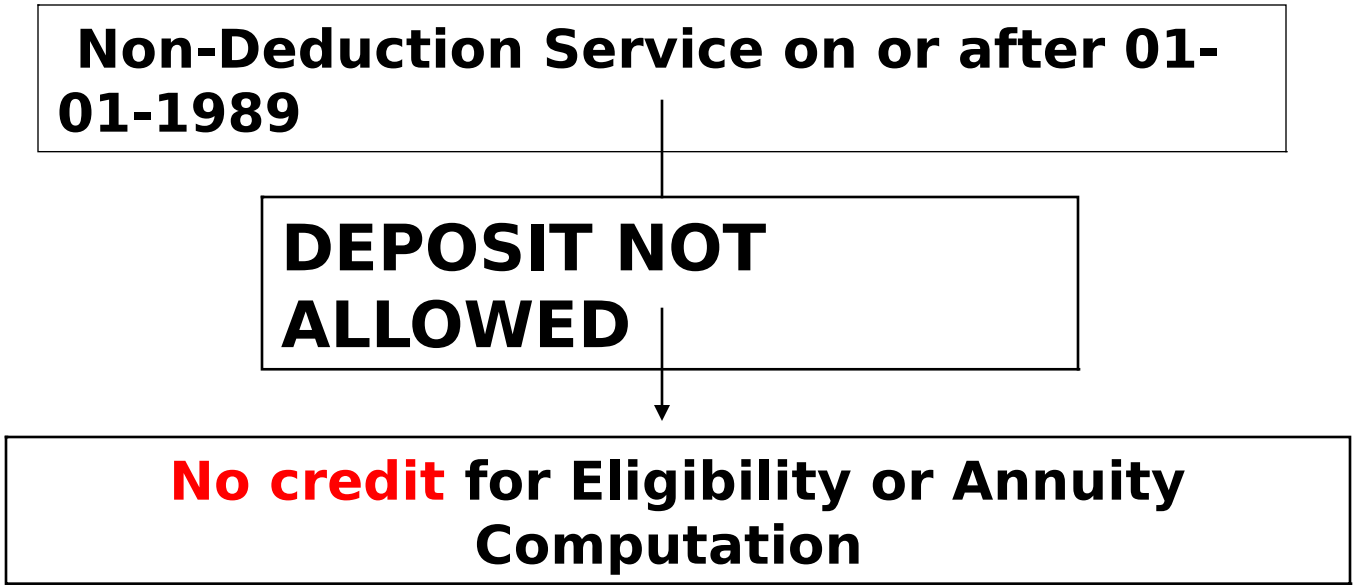
Amount of deposit:

- **1.3% of earnings + interest (3% of stipend for Peace Corps and VISTA)**
- **Interest will vary by the date the service was performed**
- **FERS with CSRS component, CSRS rules apply**
- **FERS with no CSRS component, FERS rules apply**

DEPOSIT SERVICE


Non-Deduction Service prior to 01-01-1989
Deposit Made
Deposit Not Made
Credit for eligibility (RSCD) and Annuity Computation
No credit for eligibility (RSCD) and Annuity Computation

DEPOSIT SERVICE



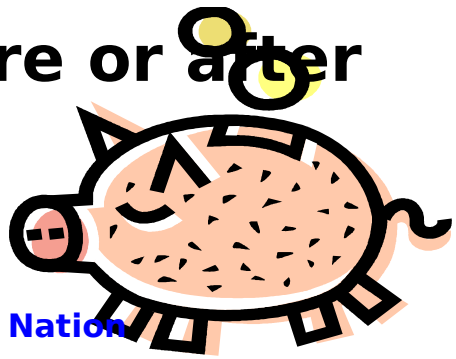
WHAT IS REDEPOSIT SERVICE?

A sum of money paid into the Fund by an employee or survivor to cover a period of service during which deductions were withheld but later refunded under CSRS or FERS provisions

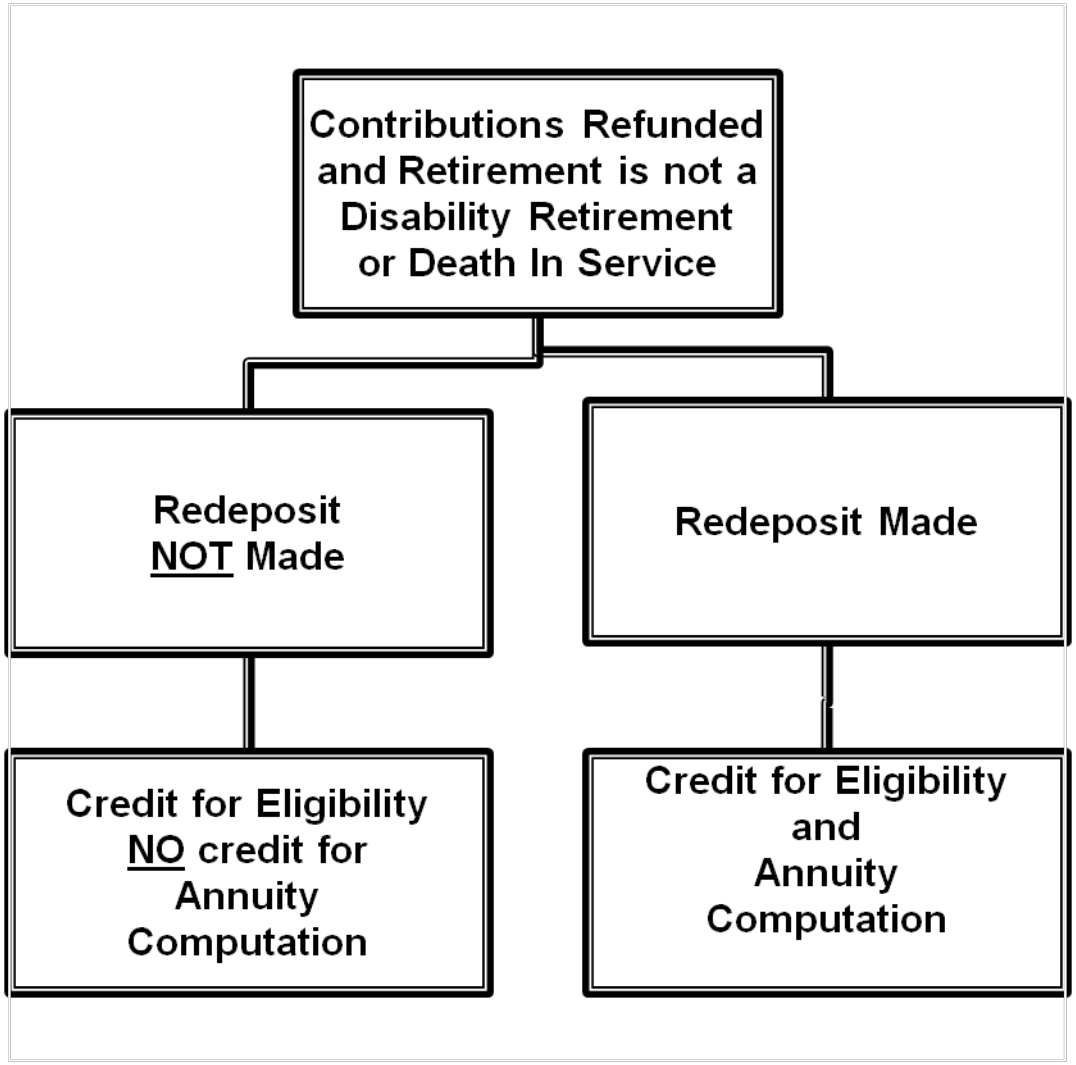
Redeposit = Amount of refund plus interest

(Interest accrues from date of refund check)

***Note*: Redeposit may be made before or after retirement.**



REDEPOSIT SERVICE


Contributions Refunded and Retirement is not a Disability Retirement or Death In Service
Redeposit NOT Made
Redeposit Made
Credit for Eligibility NO credit for Annuity Computation
Credit for Eligibility and Annuity Computation

INTEREST RATES

YEAR	RATE	YEAR	RATE	YEAR	RATE
2012	2.25%	2001	6.375%	1990	8.75%
2011	2.75%	2000	5.875%	1989	9.125%
2010	3.125%	1999	5.75%	1988	9.125%
2009	3.875%	1998	6.75%	1987	8.375%
2008	4.75%	1997	6.875%	1986	9%
2007	4.875%	1996	6.875%	1985	11.125%
2006	4.125%	1995	7%	1984	13%
2005	4.375%	1994	6.25%	1948 - 1984	3%
2004	3.875%	1993	7.125%	Before 1948	4%
2003	5%	1992	8.125%		
2002	5.5%	1991	8.625%		

HOW TO PAY A CIVILIAN DEPOSIT OR REDEPOSIT

- **Complete front page of SF 3108, *Application to Make Service Credit Payment (FERS)* and send to the ABC-C.**
- **ABC-C will calculate an estimated deposit/redeposit amount and mail to OPM**
- **OPM will notify you of final deposit/redeposit amount and payment procedures**
- **OPM will send you a receipt and new balance each time payment is made**
- **Ensure "Payment in Full" notice is filed in OPF**
- **More information is available on the ABC-C website: https://www.abc.army.mil/retirements/FERSDepositService.htm**

MILITARY DEPOSIT

America’s Army: The Strength of the Nation

PRE 01-01-1957 MILITARY SERVICE

No deposit required for creditable military service performed prior to 01-01-1957

CREDIT FOR POST-56 MILITARY SERVICE

IN RECEIPT OF MILITARY RETIRED PAY

Based on Non – Combat Disability or Length of Service

No Credit unless Military Retired Pay is waived & deposit is paid

Based on Combat Disability or Chapter 1223, Title 10 (Reserves)

Must Pay to receive credit for Eligibility (RSCD) & Annuity Computation

POST-56 MILITARY SERVICE

Military Service on/after 01-01-1957

<u>Must</u> Pay to receive credit for Eligibility (RSCD) & Annuity Computation

<u>Amount of Deposit</u>:

3% of basic pay earned + interest (2 years interest free)

(Interest will vary)

USERRA SERVICE

Title 10/Title 32 Service That Interrupts Civilian Service

Deposit Made

Credit for eligibility (RSCD) and Annuity Computation

Deposit Not Made

No credit for eligibility (RSCD) and Annuity Computation

Amount of Deposit:

Lesser of the two:

3% of basic pay earned + interest (2 years interest free) or what your FERS contributions would have been for the civilian service if you had not entered into the military + interest (2 years interest free) (Interest will vary)

HOW TO PAY A MILITARY DEPOSIT

- **Complete Form RI 20-97, *Estimated Earnings During Military Service*, and send to the appropriate branch of service (addresses are on the ABC-C website). Include copies of all of your DD 214s.**
- **Upon receipt of estimated earnings, include your DD 214, SF 3108 page 1 and SF 3108A and forward to the ABC-C. The ABC-C will calculate an estimate of the deposit owed and forward to DFAS.**
- **DFAS will finalize the amount owed and advise you of payment options. Payments are made directly to DFAS-Cleveland.**
- **Ensure "Payment In Full" notice is filed in OPF.**
- **More information is available on the ABC-C website: https://www.abc.army.mil/retirements/CSRSPost56.htm**

RETIREMENT REQUIREMENTS

TYPES OF RETIREMENT

- **Optional retirement**
- **Voluntary Early Retirement Authority (VERA)**
- **Discontinued Service Retirement (DSR)**
- **Military Reserve Technician (MRT)**
- **Deferred retirement**
- **Disability retirement**

GENERAL ELIGIBILITY REQUIREMENTS

- **Have at least 5 years of creditable <u>civilian</u> service with the Federal government**
- **Meet Minimum Retirement Age (MRA)**
- **Must separate from a position subject to FERS coverage**

OPTIONAL RETIREMENT

- **Minimum Retirement Age (MRA) with 30 years service**
- **60 years of age with 20 years service**
- **62 years of age with 5 years service**

- **MRA with at least 10 years but not more than 30 years service:**
  - **5% reduction for each year under age 62 (permanent reduction)**
  - **NOT entitled to an annuity supplement**

✓ **Best day to retire: Last day of the month!**

MINIMUM RETIREMENT AGE

IF YEAR OF BIRTH IS...	THE MINIMUM RETIREMENT AGE IS...
BEFORE 1948	55
1948	55 & 2 MONTHS
1949	55 & 4 MONTHS
1950	55 & 6 MONTHS
1951	55 & 8 MONTHS
1952	55 & 10 MONTHS
1953-1964	56
1965	56 & 2 MONTHS
1966	56 & 4 MONTHS
1967	56 & 6 MONTHS
1968	56 & 8 MONTHS
1969	56 & 10 MONTHS
1970 & AFTER	57

NOTE: SINCE EMPLOYEES BORN IN 1948 DID NOT REACH AGE 55
UNTIL 2003, THE MRA UNTIL THAT DATE IS 55

VOLUNTARY EARLY RETIREMENT AUTHORITY (VERA)

- **Age 50 with at least 20 or more years of service***
- **Any age with at least 25 years of service***
- **Agency/Installation must approve**
- **No age reduction under FERS for early retirement**
  - **If you have a CSRS component, CSRS portion of annuity will be reduced 2% each full year under age 55**
- **You will receive an annuity supplement if:**
  - **You retire at or after your MRA**
  - **If not, you will receive it once you reach your MRA**

* **Must include 5 years of creditable civilian service**

DISCONTINUED SERVICE RETIREMENT (DSR)

- **Age 50 with at least 20 or more years of service***
- **Any age with at least 25 years of service***
- **Must receive a specific written notice of a proposed involuntary separation from your Agency/Installation**
- **No age reduction under FERS for early retirement**
  - **If you have a CSRS component, CSRS portion of annuity will be reduced 2% each full year under age 55**
- **Annuity starts day after separation**
- **You will receive an annuity supplement if:**
  - **You retire at or after your MRA**
  - **If not, you will receive it once you reach your MRA**
- **NOT eligible for VSIP or severance pay**

* **Must include 5 years of creditable civilian service**

Military Reserve Technician (MRT)

- **Unique to FERS**
- **Involuntary separation is based on loss of military membership only (not for cause).**
- **Eligibility to receive the FERS annuity supplement is immediate even if not at MRA.**
- **Age and service requirements are based on date of hire as follows:**

Military Reserve Technician (MRT)

First hired before 10 February 1996

- **Age 50 with 25 years of creditable *"Federal"* service.**
- **Prior Title 10 active duty and/or temporary service performed prior to 1/1/1989 for which the employee completed a service deposit can be used to achieve the 25 years of creditable *"Federal"* service.**

First hired on or after 10 February 1996

- **Age 50 with 20 years of creditable "military technician" service, or Any age with 25 years of creditable "military technician" service.**
  - **Other service creditable under FERS as well as prior Title 10 military service deposits cannot be used to achieve the minimum "military technician" years of service.**

MINIMUM RETIREMENT AGE (MRA + 10)

POSTPONING RETIREMENT BENEFITS

- Separating employees can reduce or eliminate the 5% age reduction by postponing the commencing date of their MRA + 10 annuities.

- FEHB and FEGLI coverage may be reinstated prospectively if at time of separation the employee was eligible to continue coverage into retirement.

- Sick leave is creditable in the computation of the annuity

DEFERRED RETIREMENT

- **If you leave Federal service before meeting age and service requirements to retire:**
  - **You may receive a deferred annuity at age 62 with at least 5 years of creditable service or at the Minimum Retirement Age (MRA) with at least 10 years of creditable service (5% age reduction) IF:**
    - **You are not eligible for an immediate annuity within 1 month of separation; and**
    - **You meet the minimum 5 years of creditable civilian service requirement at the time of separation; and**
    - **You do not take a refund of retirement deductions after separating from Federal service**
- **FEHB and FEGLI will not be reinstated at the time your annuity commences. Your application for retirement is sent directly to OPM.**

NOTE: FERS annuity supplement is NOT payable.

RETIREMENT FORMS

- **SF 3107, Application for Immediate Retirement**
- **SF 3107, Schedule A (Military Service Information), Schedule B (Military Retiree Pay), Schedule C (Federal Employees Compensation Information)**
- **SF 3107-2, Spouse's Consent to Survivor Election**
- **SF 2818, Continuation of Life Insurance Coverage**
- **W-4P, Withholding Certification for Pension or Annuity Payment**
- **State Tax Forms, if applicable**
- **RI 79-9 - Health Benefits Cancellation/Suspension Confirmation**
- **DD 214, Report of Separation from Active Duty (or equivalent)**
- **Proof of payment of military deposit (OPM 1514, military deposit worksheet, or equivalent)**
- **OPM 1515, Military Service Deposit Election**
- **Written notice of proposed involuntary separation (DSR)**
- **https://www.abc.army.mil/Forms/RetirementForms.htm**

** **For Deferred & Postponed retirement forms, contact OPM**

Address after Retirement

Must initial an Annuity Election

Either Here

Daytime Phone # after Retirement

FERS
Federal Employees Retirement System

Application for Immediate Retirement
Federal Employees Retirement System

See Privacy Act Information on Instruction Sheet

Section A - Identifying Information

1. Name *(last, first, middle)*
2. List all other names you have used
3. Address *(number, street, city, state, ZIP code)*
4a. Daytime telephone # after retirement *(including area code)*
4b. Best time t
4c. Email address
4d. FAX number
5. Date of birth *(mm/dd/yyyy)*
6. Social Security Number
7. Are you a citizen of the United States of America? ☐ Yes ☐ No
8. Is this an application for disability retirement? ☐ Yes *(Ask your employing office about other documents you must submit)* ☐ No

Section B - Federal Service

1. Department or agency from which you are retiring *(include bureau or division, address and ZIP code)*
2. Date of final separation *(mm/dd/yyyy)*
3. Title of position from which you are retiring
4. Have you performed active honorable service in the Armed Forces or other uniformed services of the United States *(see instructions for definitions)*? ☐ Yes *(Complete Schedule A and attach it to this form)* ☐ No
5. Are you receiving or have you applied for military retired pay? (Note: If you later become entitled to military retired pay you must notify OPM.) ☐ Yes *(Complete Schedule B and attach it to this form)* ☐ No

Section C - Marital Information *(All applicants must complete questions 1 and 2 below.)*

1. Are you married now? *(A marriage exists until ended by death, divorce, or annulment.)* ☐ Yes *(Complete items 1a - 1f)* ☐ No *(Go to item 2)*

1a. Spouse's name *(last, first, middle)*
1b. Spouse's date of birth *(mm/dd/yyyy)*
1c. Spouse's Social Security Number
1d. Place of marriage *(city, state)*
1e. Date of marriage *(mm/dd/yyyy)*
1f. Marriage performed by: ☐ Clergyman or Justice of Peace ☐ Other *(explain)*:

2. Do you have a living former spouse(s) to whom a court order gives a survivor annuity? ☐ Yes *(Attach a certified copy of the court order[s] and any amendments.)* ☐ No

Section D - Annuity Election

Make your election by initialing the box beside the type of annuity you want to receive and give any other information requested. Read the pamphlet SF 3113, *Applying for Immediate Retirement under FERS*, and the explanations below and consider your election carefully. No change will be permitted after your annuity is granted except as explained in the pamphlet. If you are married at retirement, the law provides an annuity with full survivor benefits for your spouse unless your spouse consents to your election not to provide maximum survivor benefits.

Your election to provide a survivor annuity for a current spouse terminates upon the death of that spouse or if the marriage ends due to divorce or annulment. You are required to make a new election (reelect) within 2 years of the terminating event if you wish to reelect a former spouse or within 2 years of a post-retirement marriage to elect a post-retirement spouse.

1. Initials ____ ***I choose a reduced annuity with maximum survivor annuity for my spouse named in Section C.*** If you are married at retirement, you will receive this type of annuity unless your spouse consents to your election not to provide maximum survivor benefits. If you receive this annuity, your annuity will be reduced by 10%. Your spouse's annuity upon your death will be 50% of your unreduced annuity.

2. Initials ____ ***I choose a reduced annuity with a partial survivor annuity for my spouse named in Section C.*** If you choose this option, your annuity will be reduced by 5%. Upon your death, your spouse's annuity will be 25% of your unreduced annuity. You ***must*** have your spouse's consent to choose this option. Complete form SF 3107-2, *Spouse's Consent to Survivor Election,* and attach it to your application.

3. Initials ____ ***I choose an annuity payable only during my lifetime.*** If you are married at retirement, you ***cannot*** choose this type of annuity without your spouse's consent. ***No survivor annuity will be paid to your spouse after your death if he or she consents to this election and any health benefits will cease. In addition, your spouse will not be eligible to enroll in the Federal Long Term Care Insurance Program, if he/she is not enrolled at the time of your death.*** If you are married and elect this, complete form SF 3107-2, *Spouse's Consent to Survivor Election*, and attach it to your application.

Or Here

4. Initials ____ ***I choose a reduced annuity with survivor annuity for the person named below who has an insurable interest in me.*** You must be healthy and willing to provide medical evidence if you choose this type of annuity. *(Disability annuitants are not eligible to choose this type of annuity.)*

Name of person with insurable interest	Relationship to you	Date of birth *(mm/dd/yyyy)*	Social Security Number

5. Initials ____ ***I choose a reduced annuity with survivor annuity for my former spouse(s) as follows:*** You must attach: (1) Copies of divorce decrees for all former spouses for whom you elect to provide a survivor annuity. (2) If you are married, attach a completed SF 3107-2, *Spouse's Consent to Survivor Election*. You cannot choose this option and provide a maximum survivor annuity for your spouse (Box 1). Your election to provide a survivor annuity for a former spouse terminates upon the death of that spouse or the remarriage of your former spouse before age 55.

Name and address of former spouse	Date of marriage *(mm/dd/yyyy)*	Date of divorce *(mm/dd/yyyy)*	Survivor annuity equal to _____% of my annuity
	Date of birth *(mm/dd/yyyy)*	Social Security Number	
Name and address of former spouse	Date of marriage *(mm/dd/yyyy)*	Date of divorce *(mm/dd/yyyy)*	Survivor annuity equal to _____% of my annuity
	Date of birth *(mm/dd/yyyy)*	Social Security Number	

Total *(either 25% or 50% of your unreduced annuity)* ☞ _____ %

Section E - Insurance Information

* See the pamphlet SF 2112, *Applying for Immediate Retirement Under the Federal Employees Retirement System*, for information.

1a. Are you eligible to continue Federal Employees Health Benefits coverage as a retiree?
☐ Yes ☐ No

1b. Is there a court order or administrative order currently in effect that requires you to provide health benefits coverage for your child(ren)?
☐ Yes *(Attach a copy of the court/administrative order)* ☐ No

2. Are you eligible to continue Federal Employee's Group Life Insurance coverage as a retiree?
☐ Yes ☐ No

3. Are you currently enrolled in the Federal Long Term Care Insurance Program (FLTCIP)?
☐ Yes ☞ *You will automatically continue your coverage into retirement, as long as you continue to pay applicable premiums. If you are currently paying FLTCIP premiums by agency payroll deduction, you must arrange to pay premiums another way, either by deductions from your annuity, through automatic bank debit or direct bill. Please call LTC Partners at 1-800-LTC-FEDS (1-800-582-3337) to make these arrangements.*

☐ No

Section F - Other Claim Information

1. Are you receiving or have you applied for (or received within the past 2 years) workers' compensation from the Department of Labor because of a job-related illness or injury?
☐ Yes *(Complete Schedule C and attach it to this form)* ☐ No

2. Have you previously filed any application under the Civil Service Retirement System or Federal Employees Retirement System *(for retirement, refund, deposit or redeposit, or voluntary contributions)*?
☐ Yes *(Complete items 2a and 2b below.)* ☐ No

2a. Type of application
☐ Refund ☐ Deposit or redeposit
☐ Retirement ☐ Return of excess deductions ☐ Voluntary contributions

2b. Claim number(s)

Section G (Optional) - Information About Your Unmarried Dependent Children

1. Dependent child's name *(first, middle, last)*	2. Date of birth *(mm/dd/yyyy)*	3. Disabled *(✓)*	1. Dependent child's name *(first, middle, last)*	2. Date of birth *(mm/dd/yyyy)*	3. Disabled *(✓)*

Section H - Direct Deposit and Tax Withholding Information

1. Public Law 104-134 requires that most Federal payments be paid by Direct Deposit through Electronic Funds Transfer (EFT) into a savings or checking account at a financial institution. However, if receiving your payment electronically would cause you a financial hardship, or a hardship because you have a disability, or because of a geographic, language or literacy barrier, you may invoke your legal right to a waiver of the Direct Deposit requirement, and continue to receive your payment by check.

1a. Select one of the following:

- ☐ Please send my annuity payments directly to my checking or savings account. *(Go to item 2)*
- ☐ Receiving my payment(s) electronically would cause me a financial hardship, or a hardship because of a disability, or because of a geographic, language or literacy barrier. I hereby invoke my legal right to a waiver of the Direct Deposit requirements of Public Law 104-134. Please send my payment(s) by check. *(Go to item 4)*
- ☐ My permanent payment address is outside the United States in a country not accessible via direct deposit. *(Go to item 4)*

2. Financial Institution Routing Number — *You may obtain this number by calling your bank, credit union, or savings institution. This number is very important. We cannot pay by direct deposit without it.*

3. Checking or Savings Account Number

3a. What kind of account is this? ☐ Checking ☐ Savings

3b. Telephone number of your Financial Institution *(including area code)*

3c. Name and address of financial institution

3d. **Special Note:** If you prefer, you may attach a cancelled personal check that shows the information requested above, instead of filling in the requested financial institution information. If you attach your personal check, it is especially important that you contact your bank, credit union, or savings institution to confirm that the information on the check is the correct information for direct deposit. (Some institutions, especially credit unions, use different routing numbers on checks.) We can then use this information to start paying you by direct deposit.

4. Do you want Federal income tax withheld from your annuity payments?

☐ Yes *(Go to item 4a)* ☐ No *(Go to Section I)*

4a. Do you want to have Federal income tax withheld at the rate currently being withheld from your salary?

☐ Yes *(Attach copy of W-4 form on file with your employing agency.)*
☐ No *(Attach new W-4 form, otherwise withholding will be at rate for married with 3 exemptions.)*

Section I - Applicant's Certification

Warning

Any intentionally false statement in this application or willful misrepresentation relative thereto is a violation of the law punishable by a fine of not more than $10,000 or imprisonment of not more than 5 years, or both. (18 U.S.C. 1001)

I hereby certify that all statements made in this application are true to the best of my knowledge and belief.

Signature *(Do not print)* | Date *(mm/dd/yyyy)*

Applicant's Checklist

This checklist is provided to help you be certain you have attached all necessary documentation and to help your employing office be certain it forwards all of your retirement documentation to the Office of Personnel Management.	*Yes*	*No*	*Not Applicable*
1. **Military Service** - If you answered "yes" to Section B, Item 4, did you attach Schedule A?	☐	☐	☐
2. **Military Service** - If you completed Schedule A, did you attach a copy of your discharge certificate or other certificate of active military service?	☐	☐	☐
3. **Military Retired Pay** - If you answered "yes" to Section B, Item 5, did you attach Schedule B?	☐	☐	☐
4. **Military Retired Pay** - If you completed Schedule B and answered "yes" to Item b or c, did you attach a copy of the notice of award or other documentation of the type of military retired pay you are receiving?	☐	☐	☐
5. **Military Retired Pay** - If you completed Schedule B and answered "yes" to Item d, did you attach a copy of your request for waiver and a copy of the military finance office's acknowledgement or approval of your request for waiver *(if applicable)*?	☐	☐	☐
6. **Survivor Election** - If you are married and did not initial box 1 of Section D, did you attach SF 3107-2, *Spouse's Consent to Survivor Election*?	☐	☐	☐
7. **Life Insurance** - If you answered "yes" to Section E, Item 2, did you attach SF 2818, *Continuation of Life Insurance Coverage As an Annuitant or Compensationer*?	☐	☐	☐
8. **OWCP** - If you answered "yes" to Section F, Item 1, did you attach Schedule C?	☐	☐	☐
9. **Tax** - If you want to elect a Federal Income Tax withholding rate, did you attach a W-4 form?	☐	☐	☐

Sign and Date Application

Schedules A, B and C

1. Name *(last, first, middle)*	2. Date of birth *(mm/dd/yyyy)*	3. Social Security Number

Schedule A - Military Service Information

1. If you have performed active honorable service in the United States Armed Services or other uniformed services, complete 1a - d below and attach a copy of your discharge certificate or other certificate of active military service (if available).

   See instructions for definitions of Armed Services and Uniformed Services.

a. Branch of service	b. Serial number	c. Dates of active duty From *(mm/dd/yyyy)*	To *(mm/dd/yyyy)*	d. Last grade or rank

2. If any of your military service occured on or after January 1, 1957, have you paid a deposit to your agency for this service? (You must pay this deposit to your agency. You cannot pay OPM after you retire.) ☐ Yes ☐ No ☐ Not applicable

Schedule B - Military Retired Pay

1. If you are receiving or have applied for military retired or retainer pay (including disability or retired pay), complete Parts 1a - 1d below.

a. Are you receiving or have you ever applied for military retired or retainer pay? (Answer "yes" if you are receiving payments from the Department of Veterans Affairs instead of military retired pay.)
☐ Yes ☐ No

b. Was your military retired or retainer pay awarded for reserve service under Chapter 1223, title 10, U.S. Code (formerly Chapter 67, title 10)?
☐ Yes *(Attach a copy of notice of award)* ☐ No

c. Was your military retired pay or retainer pay awarded for a disability incurred in combat or caused by an instrumentality of war and incurred in the line of duty during a period of war?
☐ Yes *(Attach a copy of notice of award)* ☐ No

d. Are you waiving your military retired or retainer pay in order to receive credit for military service for FERS retirement benefits?
☐ Yes *(Attach a copy of your request for waiver and a copy of military finance officer's acknowledgement or approval of your request for waiver)* ☐ No

Schedule C - Federal Employees Compensation Information

1. Are you receiving or have you received workers' compensation from the Office of Workers' Compensation Programs (OWCP), Department of Labor, because of a job-related illness or injury within the last 2 years?
☐ Yes *(complete parts 1a - c below)* ☐ No *(go to question 2)*

a. Compensation claim number	b. Benefit received From *(mm/dd/yyyy)*	To *(mm/dd/yyyy)*	c. Type of benefit
			☐ Scheduled award ☐ Total or partial disability compensation
			☐ Scheduled award ☐ Total or partial disability compensation

2. If you have applied for workers' compensation (other than as listed in item 1a above) but are ***not*** receiving benefits, check reason below and give the information requested.

☐ a. Awaiting OWCP decision — Compensation claim number

☐ b. Claim denied — Compensation claim number | Date claim denied *(mm/dd/yyyy)*

3. Except for scheduled compensation awards, workers' compensation and FERS retirement benefits ***cannot*** be paid for the same period of time. Please complete the information below regarding your claim. ***You must complete this section.***

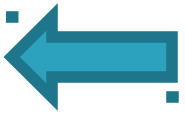
   a. Do you agree to notify us promptly if the status of your workers' compensation claim changes?
   ☐ Yes ☐ No

   b. Do you authorize the Office of Personnel Management and/or the Office of Workers' Compensation Programs (OWCP) to collect any overpayment if we later find you are not eligible for both compensation and annuity payments covering the same period of time?
   ☐ Yes ☐ No

Applicant's Certification

I certify that all statements made on these schedules are true to the best of my knowledge and belief.	Signature *(do not print)*	Date *(mm/dd/yyyy)*

Sign and Date Schedule ABC



Date Notary signs and Date spouse signs must be the same date

Spouse's Consent to Survivor Election

Instructions: If you are married and you do not elect a reduced annuity to provide a maximum survivor annuity for your current spouse, complete Part 1. Have your spouse complete Part 2. Part 2 must be completed in the presence of a Notary Public or other person authorized to administer oaths. The person administering oaths must complete Part 3.

Part 1 - To Be Completed by the Retiring Employee

Name *(last, first, middle)*	Date of birth *(mm/dd/yyyy)*	Social Security Number

I have elected: *(Mark the box which describes the election you have made with regard to your current spouse.)*

☐ a. No regular or insurable interest survivor annuity for my current spouse. ***I understand that:***

- ❖ No survivor annuity will be paid to my spouse after my death,
- ❖ His/her health benefits coverage will terminate upon my death, and
- ❖ He/she will not be eligible to enroll in the Federal Long Term Care Insurance Program (FLTCIP) after my death.

☐ b. I am electing an insurable interest annuity for my current spouse, but no regular survivor annuity for my current spouse. (I have completed Section D, Item 4 on my Standard Form 3107 naming my current spouse.)

☐ c. A partial survivor annuity (25%) for my current spouse.

Part 2 - To Be Completed by the Current Spouse of the Retiring Employee

I freely consent to the survivor annuity election described in Part 1. ***I understand that if my spouse elected no regular or insurable interest survivor annuity in Part 1.a. above, I will not receive a survivor annuity, my health benefits coverage will terminate and I will not be eligible to enroll in the Federal Long Term Care Insurance Program (FLTCIP) if I am not already enrolled before my spouse's death. I also understand that my consent is final (not revocable).***

Name *(type or print)*	Signature *(do not print)*	Date *(mm/dd/yyyy)*

Part 3 - To Be Completed by a Notary Public or Other Person Authorized to Administer Oaths

I certify that the person named in Part 2 presented identification (or was known) to me, gave consent, signed or marked this form and acknowledged that the consent was freely given in my presence on this

the _____ day of _____ *(Month)*, _____ *(Year)*, at _____ *(City and State)*.

(Seal of Notary Public or witnessing authority of person authorized to administer oaths)	Signature *(do not print)*
(Seal)	Expiration date *(mm/dd/yyyy)* of commission, if Notary Public

General Information: The law requires that a retiring, married employee must elect to provide a survivor annuity for a current spouse, ***unless*** the current spouse consents to an election not to provide the maximum survivor benefit.

A court order which requires a retiring employee to provide a survivor annuity for a former spouse is not an election and spousal consent is not required. In other words, such a court order does not require a current spouse to waive the right to a survivor annuity for the current spouse even though the Office of Personnel Management (OPM) must honor the terms of the court order before it can honor the election for the current spouse.

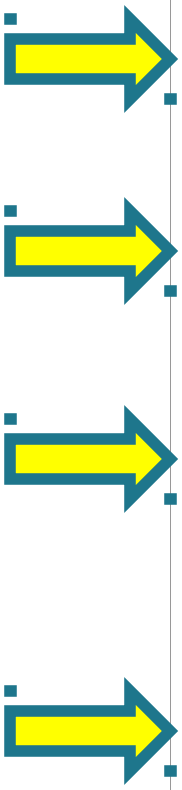
The current spouse may, therefore, receive a smaller annuity than elected, or none at all, unless the former spouse loses eligibility for the court-ordered survivor annuity (through remarriage before age 55 or death).

Important: If the current spouse consents to an election to provide no survivor annuity or a partial survivor annuity and is later divorced from the retired employee, the retired employee may not then elect (nor can OPM honor a court order) to provide a former spouse annuity which exceeds the amount elected at retirement for that spouse. This also applies if the parties remarry.

Privacy Act Statement

Solicitation of this information is authorized by the Federal Employees Retirement law, (Chapter 84, title 5, U.S. Code), the Federal Employees' Group Life Insurance law (Chapter 87, title 5, U.S. Code) and the Federal Employees Health Benefits law (Chapter 89, title 5, U.S. Code). The information you furnish will be used to identify records properly associated with your application for Federal benefits, to obtain additional information if necessary, to determine and allow present or future benefits, and to maintain a unique identifiable claim file. The information may be shared and is subject to verification via paper, electronic media, or through the use of computer matching programs with national, state, local or other charitable or social security administrative agencies in order to determine benefits under their programs, to obtain information necessary for determination or continuation of benefits under this program, or to report income for tax purposes. It may also be shared and verified, as noted above, with law enforcement agencies when they are investigating a violation or potential violation of civil or criminal law. Executive Order 9397 (November 22, 1943) authorizes use of the Social Security Number. The Government may use your number in collecting and reporting amounts that you owe the Government. Furnishing the Social Security Number, as well as other data, is voluntary, but failure to do so may delay or prevent action on the retirement application.

Must make an election for each option



FEGLI
Federal Employees Group Life Insurance

Continuation of Life Insurance Coverage

As an Annuitant or Compensationer

Federal Employees' Group Life Insurance (FEGLI) Program

Important: Read instructions on pages 1 - 4 before completing this form.

Identifying Information

1. Employee's name *(last, first, middle)*	2. Date of birth *(mm/dd/yyyy)*	3. Social Security number
4. Employing department/agency	5. Work location *(city, state, ZIP code)*	6. Compensation claim number *(if applicable)*

Basic Life Insurance

7. Do you want to have Basic Life insurance in retirement/compensation if you are eligible?

☐ Yes *(If yes, complete item 8.)* ☐ No ☐ I received a full Living Benefit. *(skip to Item 9)*

8. What level of Basic do you want in retirement/compensation? *Check only one box. If you received a partial Living Benefit, you must check No Reduction.*

☐ 75% Reduction ☐ 50% Reduction ☐ No Reduction

Signature ***(Do not print.)*** *Only the insured may sign. Signatures by guardians, conservators, or through a power of attorney are not acceptable.* | Date *(mm/dd/yyyy)*

Option A — Standard Optional Insurance

9. Do you want to have Option A in retirement/compensation if you are eligible? To continue Option A, you must also continue Basic.

☐ Yes ☐ No ☐ I don't have Option A.

Signature ***(Do not print.)*** *Only the insured may sign. Signatures by guardians, conservators, or through a power of attorney are not acceptable.* | Date *(mm/dd/yyyy)*

Option B — Additional Optional Insurance

10. Do you want to have Option B in retirement/compensation if you are eligible? To continue Option B, you must also continue Basic.

☐ Yes *(If yes, complete items 11-12.)* ☐ No ☐ I don't have Option B.

11. How many multiples of Option B do you want to have in retirement/compensation? You can have up to the number of multiples you are eligible to have. See the instructions.

_____ *(number of multiples)*

12. What coverage level do you want for Option B? *Check only one box.*

☐ Full Reduction *or* ☐ No Reduction

Signature ***(Do not print.)*** *Only the insured may sign. Signatures by guardians, conservators, or through a power of attorney are not acceptable.* | Date *(mm/dd/yyyy)*

Option C — Family Optional Insurance

13. Do you want to have Option C in retirement/compensation if you are eligible? To continue Option C, you must also continue Basic.

☐ Yes *(If yes, complete items 14-15.)* ☐ No ☐ I don't have Option C.

14. How many multiples of Option C do you want to have in retirement/compensation? You can have up to the number of multiples you are eligible to have. See the instructions.

_____ *(number of multiples)*

15. What coverage level do you want for Option C? *Check only one box.*

☐ Full Reduction *or* ☐ No Reduction

Signature ***(Do not print.)*** *Only the insured may sign. Signatures by guardians, conservators, or through a power of attorney are not acceptable.* | Date *(mm/dd/yyyy)*

U.S. Office of Personnel Management
FEGLI Handbook (RI 76-26)

Copy 1 - Agency Use

NSN 7540-01-231-5585 2818-104 Do NOT Use Previous Editions.

SF 2818
Revised May 2001

Must sign and date in 4 places

Your name and address

Must include a copy of your Military ID Card.

UNITED STATES
OFFICE OF PERSONNEL MANAGEMENT
RETIREMENT OPERATIONS
WASHINGTON, DC 20415-3532

For CSRS and FERS Annuitants, Survivor Annuitants, and Former Spouse Annuitants

Date
Claim number

Health Benefits Cancellation/Suspension Confirmation

You asked us to cancel or suspend your enrollment in the Federal Employees Health Benefits Program (FEHBP). Please read the front and back of this form and check only the ONE block that applies to you. Because many annuitants who cancel their FEHBP enrollments will not be eligible to reenroll, we want to be sure you are fully informed about the effect of any action you take. We will not process your request until you sign, date, and return this form indicating that you understand how your request will affect your future FEHBP enrollment eligibility. ***Any Questions? Call OPM at 1-888-767-6738.***

A. ☐ **I am cancelling my FEHBP enrollment to be covered under a family member's FEHBP enrollment.**
If you are cancelling your FEHBP enrollment because you will be covered under your spouse's FEHBP enrollment and your spouse is a Federal employee, please include with this form a copy of your spouse's SF 2809, *Health Benefits Registration Form*, showing the change to a family enrollment. If your spouse is an annuitant, please give us your spouse's name and annuity claim number.

Spouse's name *(Last, first, middle)*	Spouse's claim number

If you cancel FEHBP coverage for this reason, we will coordinate the effective date with the effective date of your new coverage under your spouse's enrollment.

Reenrollment eligibility: As long as you are continuously covered as a family member on your spouse's FEHBP enrollment, you will be eligible to resume your own enrollment if your coverage under your spouse's enrollment ends for any reason.

B. ☐ **I am cancelling my FEHBP coverage for reasons other than the situation described in part A.**
We will cancel your enrollment effective the end of the month in which we receive this signed and dated form. Any health benefits premiums you pay for a period after the cancellation effective date will be refunded in one of your future monthly annuity payments.

Reenrollment eligibility: If you check this block to cancel your FEHB enrollment, you will not be eligible to reenroll in the FEHBP. Additionally, if you cancel your FEHBP enrollment, you and any family members covered by your enrollment will not be entitled to the free 31-day extension of coverage to convert to an individual health benefits contract or to enroll for Temporary Continuation of Coverage.

I certify that I have read and understand the information on cancelling FEHBP coverage. I understand that if I checked block B, ***I will never again be eligible*** to enroll in the Federal Employees Health Benefits Program.

Signature	Daytime Telephone No. *(including area code)*	Date

SUSPENSION INFORMATION IS SHOWN ON THE REVERSE

RI 79-9
Revised April 2010

Previous editions are not usable.

If you suspend, you can always resurrect the coverage.

C. ☐ **I am suspending my Federal Employees Health Benefits Program (FEHBP) enrollment because I am enrolled in a Medicare Advantage health plan.** *Please note: Medicare Parts A and B are not the same as a Medicare Advantage health plan. You CANNOT suspend your FEHBP enrollment if you are covered by Medicare Parts A and/or B only.* ***Any Questions: Call Medicare at 1-800-633-4227.***

These Medicare Advantage health plans are Health Maintenance Organizations or Fee-For-Service plans approved by the Centers for Medicare and Medicaid Services (CMS). If you are enrolled in a Medicare supplemental plan and are not sure if it qualifies as a Medicare Advantage health plan, call Medicare at the number shown above. To suspend your FEHBP coverage for this reason, you must give us documentation that shows the effective date of your Medicare Advantage health plan coverage. If we receive this form within 31 days before to 31 days after the effective date of your Medicare Advantage health plan enrollment, we will suspend your FEHBP coverage at the close of business the day before your Medicare Advantage health plan enrollment begins. Otherwise, we will suspend your FEHBP coverage at the end of the month in which we receive your documentation.

D. ☐ **I am suspending my FEHBP enrollment to use TRICARE, TRICARE for Life (enrollees over age 65 with Medicare Parts A and B), Peace Corps, or CHAMPVA. Please suspend my FEHBP enrollment effective _____. (Carefully consider the effective date of your suspension. Once we process your request, we are not able to change the effective date.)**

To suspend your FEHBP coverage for this reason, you must give us evidence of your eligibility for TRICARE, TRICARE for Life, Peace Corps, or CHAMPVA. Please send us a copy of your Uniformed Services Identification (I.D.) card and if over age 65, you must also send us a copy of your Medicare card showing enrollment in both Medicare Parts A and B (required for TRICARE for Life). To document your eligibility for CHAMPVA, please send us a copy of your CHAMPVA Authorization Card (A-card). Please tell us the date you want to suspend your FEHBP to use TRICARE, TRICARE for Life, Peace Corps, or CHAMPVA. **Special note:** If we receive this signed form and the eligibility documentation within 31 days before to 31 days after the date you designate above, we will suspend your FEHBP coverage on that date. Otherwise, we will suspend your FEHBP coverage at the end of the month in which we receive your documentation.

E. ☐ **I am suspending my FEHBP enrollment because I am eligible for coverage under Medicaid or a similar state-sponsored program of medical assistance for the needy.**

To suspend your FEHBP coverage for this reason, you must give us evidence of your eligibility for Medicaid or a similar state-sponsored program of medical assistance for the needy. You may send us a copy of an enrollment card or a letter of eligibility which shows the effective date of your Medicaid or similar state-sponsored program coverage. If we receive this signed form and documentation within 31 days before to 31 days after the effective date of your Medicaid or similar state-sponsored enrollment, we will suspend your FEHBP coverage at the close of business the day before your Medicaid or state-sponsored program coverage begins. Otherwise, we will suspend your FEHBP coverage at the end of the month in which we receive your documentation.

The following information applies to blocks C, D and E.

Reenrollment: You may voluntarily reenroll in the FEHBP during an annual open season. We will send you an open season package each year with instructions on how to reenroll. If you don't want to reenroll, disregard your open season material.

If you involuntarily lose your coverage under one of the programs mentioned above, you can reenroll in the FEHBP effective the day after your coverage ends. You must provide evidence of your involuntary loss of coverage. Your request to reenroll must be received at the Office of Personnel Management (OPM) within the period beginning 31 days before and ending 60 days after your coverage ends. Otherwise, you must wait until open season to reenroll.

Sign and date the RI 79-9

I certify that I have read and understand the information on suspending FEHBP coverage. I have checked the block relating to my suspension, and I have enclosed the appropriate documentation.		
Signature	Daytime Telephone No. *(including area code)*	Date

Reverse of RI 79-9
Revised April 2010

FERS ANNUITY SUPPLEMENT

- An estimated amount of Social Security benefits earned during FERS service
- Benefit paid until age 62 to certain FERS employees who retire before age 62 and are entitled to an immediate annuity
- Eligibility:
  - Has at least 1 calendar year of FERS service AND
  - Retires with an immediate annuity
  - At or after MRA with 30 years
  - At age 60 with 20 years of service
  - At or after MRA under Early/DSR

- Individuals NOT eligible for annuity supplement:
  - Disability Retiree
  - MRA +10 provision
  - Deferred Annuity
  - Retiring at age 62 or older
  - CSRS Employees

- Duration of annuity supplement:
  - Payable through the earlier of the following dates:
    - Last day of the month you become age 62 **OR;**
    - Last day of the month before the first

FERS ANNUITY SUPPLEMENT

Supplement is tested for earnings above the Social Security exempt amount ($14,640 for 2012)

- **Earnings include wages and self-employment income**
- **Income from severance pay (including VSIP), pensions, savings and investments are NOT subject to the earnings test.**
- **Annuity supplement will be offset by $1 for every $2 over this amount that is earned in 2012**

UNUSED SICK LEAVE

For individuals covered by FERS:

- **Credit for 50% of sick leave**
- **Credit for 100% in 2014**

For individuals who have transferred to FERS with a CSRS component, only the sick leave not included in the CSRS portion of the calculation will be available under FERS

Chart 2. -- Sick Leave Chart 2087 Hours

Chart for Converting Hours of Unused Sick Leave to Months and Days (See section 50A2.1-3G).

DAYS	1 Day	1 Month	2 Months	3 Months	4 Months	5 Months	6 Months	7 Months	8 Months	9 Months	10 Months	11 Months
0	0	174	348	522	696	870	1044	1217	1391	1565	1739	1913
1	6	180	354	528	701	875	1049	1223	1397	1571	1745	1919
2	12	186	359	533	707	881	1055	1229	1403	1577	1751	1925
3	17	191	365	539	713	887	1061	1235	1409	1583	1757	1930
4	23	197	371	545	719	893	1067	1241	1415	1588	1762	1936
5	29	203	377	551	725	899	1072	1246	1420	1594	1768	1942
6	35	209	383	557	730	904	1078	1252	1426	1600	1774	1948
7	41	214	388	562	736	910	1084	1258	1432	1606	1780	1954
8	46	220	394	568	742	916	1090	1264	1438	1612	1786	1959
9	52	226	400	574	748	922	1096	1270	1444	1617	1791	1965
10	58	232	406	580	754	928	1101	1275	1449	1623	1797	1971
11	64	238	412	586	759	933	1107	1281	1455	1629	1803	1977
12	70	243	417	591	765	939	1113	1287	1461	1635	1809	1983
13	75	249	423	597	771	945	1119	1293	1467	1641	1815	1988
14	81	255	429	603	777	951	1125	1299	1472	1646	1820	1994
15	87	261	435	609	783	957	1130	1304	1478	1652	1826	2000
16	93	267	441	615	788	962	1136	1310	1484	1658	1832	2006
17	99	272	446	620	794	968	1142	1316	1490	1664	1838	2012
18	104	278	452	626	800	974	1148	1322	1496	1670	1844	2017
19	110	284	458	632	806	980	1154	1328	1501	1675	1849	2023
20	116	290	464	638	812	986	1159	1333	1507	1681	1855	2029
21	122	296	470	643	817	991	1165	1339	1513	1687	1861	2035
22	128	301	475	649	823	997	1171	1345	1519	1693	1867	2041
23	133	307	481	655	829	1003	1177	1351	1525	1699	1873	2046
24	139	313	487	661	835	1009	1183	1357	1530	1704	1878	2052
25	146	319	493	667	841	1015	1188	1362	1536	1710	1884	2058
26	151	325	499	672	846	1020	1194	1368	1542	1716	1890	2064
27	157	330	504	678	852	1026	1200	1374	1548	1722	1896	2070
28	162	336	510	684	858	1032	1206	1380	1554	1728	1901	2075
29	168	342	516	690	864	1038	1212	1386	1559	1733	1907	2081

EXAMPLE: COMPUTING TOTAL SERVICE WITH UNUSED SICK LEAVE

TOTAL SERVICE

2012-12-31 (DOR)

- 1983-03-12 (Ret-SCD)

29-09-19

Unused Sick Leave

1136 hours = + 00-06-16

(50% of 2272 hours) 30-15-35

= 31-04-05

HIGH – 3 AVERAGE SALARY

- **Weighted average of highest 3 years of basic pay (including locality pay/local market supplement)**
- **Must be 3 consecutive years**
- **Is usually the last 3 years**
- **Is the highest salary, not the highest grade**
- **Normally, the beginning date of the 3 year period is determined by subtracting 3 years from the date of retirement**

ANNUITY COMPUTATION

FORMULA FOR COMPUTING ANNUITY FOR VOLUNTARY RETIREMENT:

- **High-3 avg salary X 1.0% X years and months of**

- **High-3 avg salary X 1.1% X years and months of service if you are age 62 with 20+ years of service**

REDUCTIONS

- Age Reduction (MRA+10)
- Deposit Service for CSRS component
- Election of Survivor Benefits
- Redeposit Service for CSRS component

DEDUCTIONS

- Health Benefits
- Life Insurance
- Federal Income Taxes
- Federal Employees Dental and Vision Insurance Program (FEDVIP)
- Federal Long Term Care Insurance Program (FLTCIP)
- State Tax (If Applicable)

SURVIVOR ELECTION OPTIONS

- ☑ CURRENT Spouse Survivor Annuity ---Full (50% of your annuity)
- ☑ FORMER Spouse Survivor Annuity ---Full (50% of your annuity)
- ☑ Combination Current / Former Spouse Survivor Annuity
- ☑ Insurable Interest Survivor Annuity
- ☑ CURRENT Spouse Survivor Annuity ---Partial (25% of your annuity)
- ☑ FORMER Spouse Survivor Annuity ---Partial (25% of your annuity)
- ☑ Self Only Annuity (No survivor benefit)

SURVIVOR BENEFIT COST / REDUCTION

- **Full/Max (50%) = 10% of annuity**
- **Partial (25%) = 5% of annuity**

Example: Maximum (50%) elected
Basic Annuity = $12,000
$12,000 x 10% = - 1,200
yearly cost After Reduction = $10,800 yearly annuity

Survivor will receive 50% of annuity = $6,000

Example: Partial (25%) elected
Basic Annuity = $12,000
$12,000 x 05% = - 600
yearly cost After Reduction = $11,400 yearly annuity

Survivor will receive 25% of annuity = $3,000

SURVIVOR BENEFIT PAYMENTS

- **The survivor benefit is payable for life unless the survivor remarries before age 55.**

- **Benefits will be restored if the remarriage terminates in death, annulment or divorce.**

DISABILITY RETIREMENT

- **Disability – Unable to render useful & efficient service because of disease or injury**
- **Must be in a position covered by FERS**
- **Minimum of 18 months creditable civilian service**
- **Disability annuity IS subject to Federal tax**

DISABILITY RETIREMENT ANNUITY AMOUNT

IF UNDER AGE 62 AT SEPARATION:

FIRST 12 MONTHS	AFTER 12 MONTHS
60% x high 3 average salary	40% x high 3 average salary
minus	minus
100% of Social Security Benefits	60% of Social Security Benefits

Disability annuity is recomputed at age 62 to an amount that represents the annuity you would have received if you had continued working until the day before your 62nd birthday and then retired under non-disability provisions.

DISABILITY ANNUITY AMOUNT

If 62 or older or eligible for Optional Retirement, you receive an "earned annuity" based on the general FERS computation formula if you:

- **Are 62 years old or older; OR**
- **Meet the age and service requirements for regular, unreduced immediate retirement (MRA with 30 years, age 60 with 20 years, or age 62 with 5 years)**

Special NG Disability Retirement Provision (P.L. 97-253)

A NG technician may be eligible if he/she

- **Is involuntarily separated due to medical reason**
- **Is not found by OPM as meeting criteria for a "regular" disability retirement.**
- **Is not appointed to another Federal position**
- **Has not declined a reasonable job offer.**

Special NG Disability Retirement Provision (PL 97-253)

<u>IMPORTANT NOTE</u> for the FERS NG technician regarding the special provisions of PL 97-253

If the technician is also eligible for a Military Reserve Technician (MRT) retirement and OPM disapproves the disability application under FERS "regular" provisions, then the technician is <u>NOT</u> eligible for a disability retirement under the special provisions of PL 97-253.

Special NG Disability Retirement Provision (PL 97-253)

30-Day Notice Requirement

- **HRO issues 30-day notice of separation from the technician program upon receipt of the discharge orders. The following should be included in the 30-day notice:**
  - **A statement that separation will occur in 30 days or upon receipt of adjudication for regular disability retirement, whichever is later.**
  - **That the technician can remain on board in a duty, annual, sick (if appropriate), or leave without pay status until the initial decision is made by OPM.**
  - **That separation will be no later than the end of the pay period in which OPM's decision regarding "regular" disability is received by HRO.**

Special NG Disability Retirement Provision (PL 97-253)

Waiver of Reconsideration and Appeal Rights

- **Technician should sign a waiver statement indicating that he/she wants to be considered for benefits under the special disability provisions of PL 97-253.**

- **If OPM determines that the NG technician is not eligible for disability retirement under "regular" provisions, provided the required 30-day notice had be given, the technician must be separated.**

Special NG Disability Retirement Provision (PL 97-253)

Waiver Example

I am applying for a "regular disability retirement" under the provisions of [5 USC 8451 (if FERS)] due to my loss of military membership with the (state) Air/Army National Guard for medical reasons.

I understand the issuance and facts for considering approval for regular disability and hereby waive my rights for further reconsideration and appeals to the Office of Personnel Management (OPM) and the Merit Systems Protection Board (MSPB) should the application for regular disability be disapproved by OPM.

In addition, should the application for regular disability be disapproved, I hereby apply for benefits under the special disability retirement provisions of Public Law 97-253.

DISABILITY RETIREMENT

- **Not eligible for FERS annuity supplement**
- **Required to apply for Social Security benefits**
- **Submit all forms for regular retirement**

PLUS:

- **SF 3112A – Applicant's Statement of Disability**
- **SF 3112B – Supervisor's Statement**
- **SF 3112C – Physician's Statement**
- **SF 3112D – Agency Certification of Reassignment and Accommodation Efforts**
- **FedMER Eligibility Statement**
- **Waiver- P.L. 97-253 (If Applicable)**

DEATH-IN-SERVICE

- **If you die while still an active employee, your survivor *MAY* be entitled to death benefits**
- **In the event of your death, your supervisor needs to contact your servicing Human Resources (HR) representative or Human Resources Office (HRO)**
- **HR will contact ABC-C**
- **An ABC-C counselor will contact the survivor within 24 hours**

DEATH-IN-SERVICE

Spousal Benefits: Monthly annuity (survivor benefits) payable if married to employee at least 9 months, and the employee has 10 years of FERS service

EXCEPTIONS to the 9 months of marriage requirement:

- **Spouse is the parent of a child of the marriage, or**
- **Death was accidental**

DEATH BENEFITS

Children's Benefit(s) are payable if:

- **The child is unmarried AND under 18, or**
- **Under age 22 if full-time student, or**
- **Any age and disabled before 18**
- **Children's Benefit is the same if death-in-service or death as an annuitant**

DEATH BENEFIT

- **Up to 3 children if a parent is living**
  - **2012 rate is $486 per month per child**
  - **More than 3 children, $1460 divided by # of children**

- **Up to 3 children if no living parent**
  - **2012 rate is $584 per month per child**
  - **More than 3 children, $1752 divided by # of children**

- **Amount reduced by Social Security benefits**

COST OF LIVING ADJUSTMENTS (COLA)

Annual rate based on rise in Consumer Price Index (CPI)

Increase in CPI	Amount of COLA
Up to 2%	Full CPI
2% - 3%	2%
3% or more	CPI – 1%

- **Effective 1 Dec each year**
- **Payable in Jan (1/12 of COLA for each month)**
- **Must be 62 or older to receive**
- **Disability annuitants and survivors receive COLA at any age**
- **The COLA for 2012 is 3.6%**

WINDFALL ELIMINATION PROVISION (WEP)

- **If you didn't pay Social Security taxes on your government earnings and you are eligible for Social Security benefits, the formula used to figure your benefit amount may be modified, giving you a lower Social Security benefit.**

- **WEP affects Social Security benefits when any part of your Federal service after 1956 is covered under the Civil Service Retirement System (CSRS). However, Federal service where Social Security taxes are withheld (Federal Employees Retirement System or CSRS Offset) will not reduce your Social Security benefit amounts.**

WINDFALL ELIMINATION PROVISION (WEP)

WEP does not apply to survivors benefits. It also does not apply if:

- **You are a Federal worker first hired after December 31, 1983;**
- **You were employed on December 31, 1983, by a nonprofit organization that did not withhold Social Security taxes from your pay at first, but then began withholding Social Security taxes from your pay;**
- **Your only pension is based on railroad employment;**
- **The only work you did where you did not pay Social Security taxes was before 1957; or**
- **You have 30 or more years of substantial earnings under Social Security.**

GOVERNMENT PENSION OFFSET (GPO)

- **If you receive a pension from a Federal, state or local government based on work where you did not pay Social Security taxes, your Social Security spouse's or widow's or widower's benefits may be reduced. You are exempt from the GPO if you were contributing to Social Security for your last 5 years of federal employment.**

- **Your Social Security benefits will be reduced by 2/3s of your government pension.**

  Monthly civil service pension - $1,200
  2/3s offset to Social Security - $ 800*
  Spouse or survivor benefit - $1,000
  Final amount due - $ 200
  ($1,200 - $800* = $200)

http://www.socialsecurity.gov/gpo-wep/

NON-APPROPRIATED FUND (NAF) RETIREMENT PROCESSING

NAF Retirement System - Contact nearest NAF office

FERS Retirement Plan – Contact the ABC-C

RETURNING TO FEDERAL EMPLOYMENT

IMPORTANT!!

If you are retiring and immediately being hired by NAF, transferring to other Federal employment, or returning as a reemployed annuitant, you must notify the ABC-C before your retirement is processed. This should prevent erroneous payout of your lump sum annual leave.

FEHB IN RETIREMENT

Self Only

Self & Family

Additional Information:
http://www.opm.gov/insure/health

OPM Tel: 1-888-767-6738

FEHB IN RETIREMENT

CONTINUATION INTO RETIREMENT:

- **Retire on an immediate annuity**
- **Be insured on the date of retirement**
- **Covered for the 5 years of service prior to retirement or since your FIRST opportunity to enroll**

  (special rules for VERA and DSR, see next slide)
- **Coverage as a family member under FEHB or CHAMPUS/TRICARE counts towards 5 year requirement (employee must be enrolled in FEHB prior to retirement)**

FEHB IN RETIREMENT

CONTINUATION INTO RETIREMENT

Pre-approved automatic waiver of 5-year requirement:

- **Must be enrolled in FEHB on the first day of the buyout period (October 1 of the current FY) and**
- **Retire during the buyout period; and**
- **Receive a buyout (VSIP); or**
- **Take early optional retirement (VERA) as a result of early-out authority; or**
- **Take a DSR based on involuntary separation**

FEHB IN RETIREMENT

- **Cost of FEHB is the same for retirees and active employees except that premiums are paid on a monthly basis vs. bi-weekly**
- **Same Open Season and qualifying life event (QLE) opportunities as active employees**
- **Same FEHB plans available to retirees as active employees**
- **Once you cancel FEHB coverage in retirement, you can never re-enroll**
- **Retirement is NOT a qualifying life event for changing your FEHB enrollment**
- **At age 65, you must enroll in Medicare and it becomes your primary and your FEHB plan becomes your secondary provider**

FEHB IN RETIREMENT

- **Retirees can suspend FEHB for TRICARE or Medicare (if enrolled in Medicare Advantage health plan) and return to FEHB coverage during Open Season or immediately upon involuntarily losing non-FEHB coverage.**
- **Retirees do NOT participate in Premium Conversion.**
- **Your spouse is eligible to continue FEHB coverage after your death only if you have Self and Family coverage and you elect to provide a survivor benefit at retirement.**

MEDICARE

- **Part A (Hospitalization) – No Cost**
  - **Enrollment is automatic at age 65**
- **Part B (Medical) – Monthly premium based on yearly adjusted gross income**
- **Part D (Drug) – Monthly premium**

FEGLI IN RETIREMENT

Additional Information:
www.opm.gov/insure/life OPM Tel: 1-888-767-6738

FEGLI IN RETIREMENT

CONTINUATION INTO RETIREMENT:

- **Retire on an immediate annuity**
- **Insured on date of retirement**
- **Enrolled in each Option and Multiple for the 5 years of service prior to retirement <u>OR</u> since your FIRST opportunity to enroll**
- **Election Form: SF2818 - Continuation of Life Insurance Coverage**

FEGLI IN RETIREMENT

BASIC LIFE OPTIONS:

Basic Insurance Amount (BIA) is based on your final annual salary rounded up, plus $2,000. Ex: $97,500 = $98,000 + $2,000 = Amt of Basic Ins $100,000

Options	Before age 65	After age 65
75% reduction	BIA x .3250 (per $1,000) ex: $32.50 per month	NO COST *Coverage reduces 2% per mth for 37.5 mths until it reaches a final value of $25,000*
50% reduction	BIA x .965 (per $1,000) ex: $64.00 per month	BIA x .6400 (per $1,000) ex: $96.50 per month *Coverage reduces 1% per mth for 50 mths until it reaches a final value of $50,000*
NO reduction	BIA x 2.265 (per $1,000) ex: $194.00 per month	BIA x 1.94 (per $1,000) ex: $226.50 per month

FEGLI IN RETIREMENT

OPTION A - STANDARD COVERAGE:

OPTION A - Standard = $10,000

Age Group	Monthly Cost
Under 35	$0.65
35 thru 39	$0.87
40 thru 44	$1.30
45 thru 49	$1.95
50 thru 54	$3.03
55 thru 59	$5.85
60 thru 64	$13.00
65 & above	NO COST

At age 65 coverage reduces by 2% per month for 37.5 months until it reaches $2,500.

FEGLI IN RETIREMENT

OPTION B – ADDITIONAL COVERAGE (1 – 5 MULTIPLES OF PAY):

OPTION B – Ex: Annual Salary $99,500 1x Multiple elected = $100,000

Age Group	Mthly Cost @ $1000	Mthly Cost
Under 35	$0.043	$4.30
35 thru 39	$0.065	$6.50
40 thru 44	$0.108	$10.80
45 thru 49	$0.173	$17.30
50 thru 54	$0.282	$28.20
55 thru 59	$0.498	$49.80
60 thru 64	$1.127	$112.70
65 thru 69	$1.343	$134.30
70 thru 74	$2.470	$247.00
75 thru 79	$3.900	$390.00
80 & Above	$5.200	$520.00

FULL REDUCTION: At age 65, no cost & coverage reduces by 2% per month
for 50 months at which time coverage ends
NO REDUCTION: Coverage & premium continue

FEGLI IN RETIREMENT

OPTION C - FAMILY COVERAGE

(1 - 5 MULTIPLES):

OPTION C - Spouse = $5,000 (1x Multiple) / Each Child = $2,500 (1x Multiple)

Age Group	Mthly Cost per Multiple	Mthly Cost (1x)
Under 35	$0.48	$0.48
35 thru 39	$0.63	$0.63
40 thru 44	$0.91	$0.91
45 thru 49	$1.37	$1.37
50 thru 54	$2.04	$2.04
55 thru 59	$3.29	$3.29
60 thru 64	$5.85	$5.85
65 thru 69	$6.80	$6.80
70 thru 74	$7.80	$7.80
75 thru 79	$10.40	$10.40
80 & above	$14.30	$14.30

FULL Reduction: At age 65, no cost & coverage reduces by 2% per month for 50 months at which time coverage will end.
NO Reduction: Coverage and premium will continue.

TSP & RETIREMENT

Thrift Savings Plan
http://www.tsp.gov

Telephone: 1-877-968-3778

TDD: 1-877-847-4385

Mailing Address:

P.O. Box 385021

Birmingham, AL 35238

Monday through Friday

7:00 a.m. – 9:00 p.m. ET

THRIFT SAVINGS PLAN (TSP)

- **Tax deferred retirement savings & investment plan**
- **Provides the opportunity to increase your retirement income**
- **You must be in a position subject to retirement deductions to contribute**
- **TSP offers two approaches to investing your money:**
  - **L Funds are "Lifecycle" Funds invested in a mix of stocks, bonds, & Government securities**
  - **Individual Funds are the G, F, C, S, I funds**

TSP FUNDS

- **Government Securities Investment (G) Fund**
  - **Invested in short-term U.S. Treasury securities**
  - **Interest income without risk of loss of principal**
  - **Payment of principal & interest is guaranteed**
  - **Low risk**
  - **10-year annual return: 3.96%**

- **Fixed Income Index Investment (F) Fund**
  - **Government, corporate & mortgage-backed bonds**
  - **Invested in bond index fund that tracks Barclays Capital U.S. Aggregate bond index**
  - **Offers opportunity to earn rates of return that exceed money market fund rates over the long term**
  - **Low to moderate risk**
  - **10-year annual return: 5.84%**

TSP FUNDS

- **Common Stock Index Investment (C) Fund**
  - **Stocks of large & medium-sized US companies**
  - **Invested in stock index fund that tracks the Standard & Poors (S&P) 500 stock index**
  - **Potential to earn high investment returns over the long term**
  - **Moderate risk**
  - **10-year annual return: 2.94%**

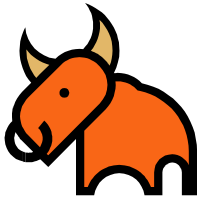
- **Small Capitalization Stock Index (S) Fund**
  - **Stocks of small to medium-sized US companies**
  - **Invested in stock index fund that tracks Dow Jones Wilshire 4500 Completion (DJW 4500) index**
  - **Earn potentially higher investment returns over the long term than in the C Fund**
  - **Moderate to high risk (more than the C Fund)**
  - **10-year annual return: 6.76%**

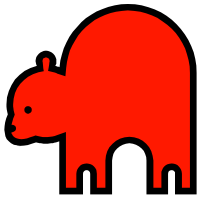
TSP FUNDS

- **International Stock Index Investment (I) Fund**
  - **International stocks of 21 developed countries**
  - **Invested in stock index fund that tracks the Morgan Stanley Capital International EAFE (Europe, Australasia, Far East) index**
  - **Potential to earn high investment returns over the long term**
  - **Moderate to high risk**
  - **10-year annual return: 4.72%**

- **Lifecycle (L) Fund**
  - **Each L Fund is invested in the individual TSP funds (G, F, C, S, I), using investment allocations that are tailored to different time horizons**
  - **Objective is to provide the highest possible rate of return for the amount of risk taken**
  - **Subject to the risks of the individual funds**
  - **Expected returns will be approximately equal to weighted average of the G, F, C, S, I Funds' returns**

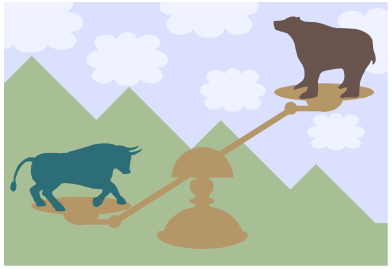
LIFECYCLE FUNDS





FUND	TIME HORIZON	GROWTH	RISK
L Income	Today and the near future	Low	Low
L 2020	2015 through 2024	Moderate	Moderate
L 2030	2025 through 2034	Moderate to High	High
L 2040	2035 through 2044	High	High
L 2050	2045 or later	High	High

LIFECYCLE FUNDS FUND ALLOCATIONS



L FUND	G Fund	F Fund	C Fund	S Fund	I Fund
L Income	74%	6%	12%	3%	5%
L 2020	37.40%	7.35%	29.45%	9.40%	16.40%
L 2030	23.15%	8.35%	35.40%	13.40%	19.70%
L 2040	12.15%	9.35%	39.40%	16.70%	22.40%
L 2050	3.83%	7.67%	43.40%	18.70%	26.40%

TSP PROJECTION

Amount of Annual TSP Contribution	# of Years to Contribute	Rate of Return (based on 10-year summary of annual returns for F Fund)	Projected TSP Account Balance
$7,500	10	6%	$136,749
$7,500	20	6%	$385,551
$7,500	30	6%	$838,221
$5,000	30	6%	$628,666
$2,500	30	6%	$419,110

TSP IN RETIREMENT

WITHDRAWAL OPTIONS:

- Automatic cashout (accounts less than $200)
- Leave money in the TSP
- Age-based withdrawal
- Full Withdrawal
  - Single payment
  - Monthly payments
  - Life annuity
- Mixed Withdrawal
- Must begin to receive TSP funds by April 1 of the year following the year you are 70 ½

HOW TO APPLY:

TSP-70 FORM - Withdrawal Request

TSP MAKE–UP CONTRIBUTIONS

You are eligible to make-up missed TSP contributions if you meet all of the following conditions:

- **You were placed in LWOP-US or separated from Federal civilian service to perform military service.**
- **You were released from military service on or after 08-02-1990.**
- **You were reemployed in or restored to a position covered by CSRS or FERS.**

TSP MAKE-UP CONTRIBUTIONS

If you contributed to TSP during your period of military service:

- **The amount you can make-up will be reduced by the amount you contributed to your military TSP account.**
- **Your make-up contributions will not count against the current year's IRS limit.**

TSP MAKE-UP CONTRIBUTIONS

- **You will receive agency matching contributions as you make-up your employee contributions.**

- **If you contributed to your military TSP account, you are entitled to agency matching contributions to be made to your civilian TSP account, based on your contributions from your military basic pay received while on active duty.**

- **You will receive agency automatic 1% contributions for the entire period you were on military duty, regardless of whether or not you make-up employee contributions.**

TSP MAKE-UP CONTRIBUTIONS

You will need to submit:

- **Employee Request for TSP Make-up Contributions,**
- **DD 214(s) or military orders,**
- **Military Leave and Earnings Statements (LESs) to verify your TSP contributions while on active duty.**

Provide your request form and documentation to your Local Human Resource Office.

For more information on TSPM, please see the TSP Fact Sheet, *TSP Benefits that Apply to Members of the Military Who Return to Federal Civilian Service*, on the TSP website.

TSP CATCH-UP CONTRIBUTIONS

- **Open to TSP participants age 50 or older**
- **Not eligible for agency automatic 1% matching contribution**
- **Limited to $5,500 for year 2012**
  - **Must be contributing IRS yearly maximum, $17,000 for 2012**
  - **Must make new election each year**

Elections made via EBIS at https://www.abc.army.mil or IVRS at 1-877-276-9287

LONG TERM CARE INSURANCE (LTCI)

Want to talk with a Certified Long Term Care Insurance Consultant?

Tel: 1-800-LTC-FEDS (1-800-582-3337)
TTY: 1-800-843-3557
Mon - Fri 8 a.m. - 8 p.m. ET
Sat 9 a.m. - 5 p.m. ET
Closed Sun and Federal holidays

http://www.ltcfeds.com

FLEXIBLE SPENDING ACCOUNTS (FSA)

To receive more information regarding FSAs, please
contact a SHPS counselor.
Retirees are not eligible to continue FSA.

Email: FSAFEDS@shps.net
Telephone: 1-877-FSAFEDS (1-877-372-3337)
TTY: 1-800-952-0450

- **Mon-Fri 9 a.m. – 9 p.m. ET**
- **Closed Weekends and Holidays**
- **http://www.fsafeds.com**

FEDERAL EMPLOYEES DENTAL & VISION INSURANCE PROGRAM (FEDVIP)

Can enroll in dental, vision, or both

Self Only Self & One Self & Family

Dental Benefits

Diagnostic
Preventative
Emergency Care
Restorative
Oral/Maxillofacial Surgery
Endodontics
Periodontics
Prosthodontics
Orthodontics

Vision Benefits

Diagnostic Services
Preventative Services
Eyewear
- Glasses
- Contacts

ENROLL AT

https://www.benefeds.com

1-877-888-3337

TTY 1-877-889-5680

DESIGNATION OF BENEFICIARY

Beneficiary Forms:

- **SF 1152 (Unpaid Comp)**
- **SF 2823 (FEGLI)**
- **SF 3102 (FERS)**
- **TSP 3 (TSP)**

Order of Precedence:

- **Court Order**
- **Designation of Beneficiary**
- **Widow or Widower**
- **Children (and/or descendants of deceased children)**
- **Parents**
- **Executor or Administrator of Estate**
- **Next of Kin**

RETIREMENT ESTIMATE

- **Request your retirement estimate no more than 5 years prior to your retirement eligibility date**
- **ABC-C will compute one retirement estimate per year**
- **Retirement estimate includes:**
  - **Verification of military & civilian service documented in your Official Personnel Folder (OPF)**
  - **Calculation of amount of civilian deposit and/or redeposit owed**
  - **Impact of unpaid civilian deposit/redeposit & military deposit on your retirement annuity**
  - **Confirmation of your current FEHB & FEGLI enrollment & your eligibility to continue these benefits into retirement**

ABC-C RETIREMENT PROCEDURES & PROCESS

- **5 years prior to retirement eligibility:**
  - **Contact the ABC-C for retirement estimate & information**
  - **Call ABC-C with questions on retirement estimate**

- **180 days prior to retirement:**
  - **Download forms from ABC-C website**
  - **Call ABC-C for help with the retirement forms**

- **120 days prior to retirement:**
  - **Mail retirement forms to ABC-C**
  - **Maintain personal copy**

ABC-C RETIREMENT PROCEDURES & PROCESS

- **ABC-C receives your retirement package:**
  - **Reviews retirement package**
  - **Sends letter acknowledging receipt and requests missing forms/documents**
  - **Requests OPF 90-120 days out**

- **30-60 days prior to retirement:**
  - **Retirement package assigned to counselor**

ABC–C RETIREMENT PROCEDURES & PROCESS

ABC-C retirement counselor:

- **Verifies required forms and documents**
- **Processes retirement package**
- **Provides final retirement counseling**
- **Retirement package is forwarded to DFAS**

✓ **Good retirement address & contact information**

ABC–C RETIREMENT PROCEDURES & PROCESS

- **2 - 4 weeks after retirement:**
  - **Final paycheck is received**
  - **Lump sum annual leave is paid**
  - **VSIP payments if applicable**

- **6 - 8 weeks after retirement:**
  - **Receive 1st INTERIM payment**
  - **Receive letter from OPM with CSA number**

Office of Personnel Management Retirement Operations Center
P.O. Box 45
Boyers, PA 16017

www.opm.gov
email: retire@opm.gov
Tel: 1-888-767-6738

Social Security Administration
www.ssa.gov
www.medicare.gov
Tel: 1-800-772-1213

IRS Publication 721
www.irs.gov
Tel: 1-800-Tax-

FOR ADDITIONAL RETIREMENT INFORMATION

CONTACT THE ABC-C

Toll Free 1-877-276-9287 (TDD 1-877-276-9833)

Counselors are available from 6 am – 6 pm CT

Website: https://www.abc.army.mil

Mailing Address: 303 Marshall Avenue, Ft. Riley, KS 66442-5004

Fax: 785-240-6153

Army Benefits Center – Civilian
1-877-276-9287

Initial Options

Select: 1= Army Civilian 2=DCMA Civilian **3=National Guard** 4=Non-Appropriated Fund or Uniformed Service Member	**Select:** 1= Customer Service Survey 2= Access Benefits and Entitlements **Select:** 1= Current or Separated Civilian Employee 2= Retiree or Surviving Spouse 3= Seeking Temporary Continuation of Coverage (FEHB only)	**To access Benefits and Entitlements:** 1= Enter SSN and PIN 1= Change your PIN 2= Continue 2= Forgot PIN **Current Duty Phone** 1= Correct 2= Change	**Main Menu:** 0= Benefits Counselor 1= FEHB 2= Retirement 3= TSP 4= FEGLI 6= Fax Document 9= Exit System

Menu Information Available after Main Menu Option Selected

1 = FEHB: 1= General Information 2= Personal Information 3= New Employee Election 4= Change from Self and Family to Self Only (without changing plan) 5= Open Season Election 6= Cancel FEHB 7= Non-Open Season Change 8= Fax of latest SF 2809 0= Counselor 9= Previous Menu	**2 = Retirement:** 1= General Information 2= Personal Information 3= Retirement Estimate 0= Counselor 9= Previous Menu	**3 = TSP:** 1= Personal Information 2= TSP Election 4= Stop Contributions 5= TSP Catch-Up Election 0= Counselor 9= Previous Menu	**4 = FEGLI:** 1= General Information 2= Personal Information 3= New Employee Election 4= Non-Open Season Election 5= Open Season Election 6= Fax of Open Season Election 0= Counselor 9= Previous Menu	**6 = Faxed Documents:** 1= Request a Document 2= Index of Documents 9= Previous Menu

ANY QUESTIONS?